



**Submittal For Evaluation Form**  
**Washington State Gambling Commission**  
**Electronic Gambling Lab**

4565 7<sup>th</sup> Ave SE  
Lacey, Washington 98503  
Phone 360-486-3504  
Fax 360-486-3627

Submission #

(For EGL Purposes Only)

**Mailing Address**  
PO Box 42400  
Olympia, WA 98504-2400

<b>Manufacturer:</b>	<b>Submission Name:</b>	<b>Unique Manufacturer Identification:</b>

**Check One That Applies:**

- ☐ **New**  
☐ **Modification**  
☐ **Replacement**  
☐ **Update**  
☐ **Other**

**Others W/Patent or Financial Interest in Game:**

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*Enter alternative ID in order for EGL to display your unique name in place of Submission Name on our web-site [www.wsgc.wa.gov](http://www.wsgc.wa.gov))*

**DESCRIPTION**

**Contact Information:**

<b>Contact Name</b>	<b>Phone</b>	<b>Fax</b>	<b>Email</b>

**Note:** To expedite the evaluation of this submission be sure this form is filled out in its entirety AND include all software, hardware, and any related components.